

Borough of
otherwise



Dunheved
Launceston

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the year
1952



Health Area Office,
Castle Green,
LAUNCESTON, Cornwall.

W. H. P. MINTO, M.B., Ch.B., D.P.H.
Medical Officer of Health.



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BOROUGH OF DUNHEVED otherwise LAUNCESTON

Members of the Public Health Committee, 1952

The Worshipful the Mayor of Launceston, Councillor R.L. Hicks

Councillor W. F. Hender
(Chairman)

Councillor C. H. Robins
(Vice-Chairman)

Alderman W. E. Miller

Alderman R. Gregg

Councillor H. Spencer Toy

Councillor Mrs. K.A. Keast

Councillor S. E. Uglow

Councillor C. J. Moore

Public Health Officers of the Local Authority.

Medical Officer of Health

W. H. P. MINTO, M.B., Ch.B., D.P.H.
(Appointed 23.4.52)

also holds appointments of

Medical Officer of Health : Launceston Rural District
Council;
Bude/Stratton Urban District
Council;
Stratton Rural District
Council;
Camelford Rural District
Council;

Assistant County Medical Officer : Area No.6 Cornwall County
Council.

Assistant School Medical Officer : Cornwall County Council.

Sanitary Inspector

D. H. TILL, M.S.I.A.

SUMMARY OF VITAL STATISTICS

Area (in acres) 2,182
Population 4,537
Number of separate Dwellings occupied 1,340
Rateable Value, 1952 £ 42,274
Product of Penny Rate £ 171. 1. 9.8d

LIVE BIRTHS

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1000</u> <u>estimated population.</u>
Legitimate	58	30	28	13.22
Illegitimate	2	2	-	

STILLBIRTHS

1	-	1	.22
---	---	---	-----

DEATHS (all causes)

67	34	33	14.76
----	----	----	-------

DEATHS FROM PUERPERAL CAUSES

Puerperal and post abortive	Nil
Sepsis	Nil
Other Puerperal causes	Nil

INFANT MORTALITY

(Deaths under 1 yr. per 1000 live births) Nil

	<u>Male</u>	<u>Female</u>	<u>Total</u>
DEATHS from Cancer (all ages)	6	5	11
DEATHS from Measles (all ages)	-	-	NIL
DEATHS from Whooping Cough (all ages)	-	-	NIL
DEATHS from Diarrhoea (under 2 years)	-	-	NIL

To the Mayor, Aldermen and Councillors of the
Borough of Dunheved otherwise Launceston.

Mr. Mayor, Aldermen and Councillors,

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Borough for the year 1952.

The health of the people in the Borough, as far as can be judged by vital statistics has remained satisfactory. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

This year I have included Tables showing the trends since 1948, the first year for which accurate records are available. In this connection it may be pointed out that the value of an Annual Report of this type is largely as "history". Before 1939 most Authorities were in the habit of printing the Annual Report of the Medical Officer of Health and this practice was largely discontinued during the war because of paper economies. I find that the Annual Report of my colleagues elsewhere are again being printed, and, as I see it, this practice is an advantage as a more permanent record is provided, and also, a volume which can be used for health education and distribution to public libraries and various organising bodies in the Area.

Very few Infectious Diseases were notified during the year and there were again no cases of Smallpox, Diphtheria, Typhoid Fever or Poliomyelitis.

As regards the Sanitary circumstances, I feel that a tribute is due to the Councillors of the Borough in days gone by for their foresight in providing a water supply and sewerage scheme which is still in use, in spite of the large increase in population over the years. It is safe to say that the Borough water supply will always be adequate in quantity at source, but it is equally obvious that before very long the trunk main is likely to require considerable attention. The sewage works on the other hand has now outlived its useful life and is quite incapable of dealing with the present volume of sewage. Pollution of the River Tamar does occur and for that reason alone, urgent action is imperative.

The Council's record with regard to housing is creditable, nearly 100 permanent houses have been completed since 1945. A planned slum clearance programme is under consideration and further details will be found under Section "D" of this Report.

Since taking up this appointment in April, 1952, I have been impressed by the close integration of District Council and the local Health Authority work in this area which is made possible by the type of appointment where one individual is responsible for the administration of all the preventive Services in the Area. The only improvement which can be envisaged would be a closer link with the Hospital Services.

I should like to take this opportunity of expressing my gratitude for the co-operation I have received from the General Medical Practitioners in the District. I wish to thank Mr. Till, the Sanitary Inspector, for the assistance he has given me in the preparation of this Report. At the same time I take personal responsibility for any opinions expressed therein.

In conclusion I would like to express my appreciation of the help and encouragement I have received from the Council and in particular from the Chairman and Members of the Public Health Committee during the year.

I have the honour to be,

Your obedient Servant,

W H P M Ls

Medical Officer of Health.

August, 1953

SECTION "A"

Natural and Social Conditions

AREA - (in acres) 2,182. This ancient Borough is the natural centre of the agricultural community in North Cornwall and adjoining parts of Devon. It has important markets and some light industry.

POPULATION

The Registrar General has estimated the population for the mid-year 1952 to be 4,537, an increase of 11 in the population for the previous year. The "natural increase" in the population is the excess of births over deaths. In 1952 there were 21 fewer births than deaths.

DEATHS

The total number of deaths assigned to the Borough for the year was 67, compared with 70 in 1951. The Crude death rate, based on the mid-year population was 14.76 compared with 15.50 in the previous year. The following table has been compiled for comparison with previous years:-

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1948	68	31	37	15.06
1949	70	37	33	16.03
1950	68	28	40	14.70
1951	70	33	37	15.50
1952	67	34	33	14.76

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as .77 for this Borough.

The Standardised Death Rate, therefore, is 11.3, which may be compared with that of 11.3 for England and Wales.

BIRTHS

The number of live births assigned to this Borough was 60 compared with 36 in 1951. The rate per thousand of the Population was 13.22. When the Registrar General's Area Comparability Factor for births (1.05) is applied to this figure, the Standardised Birth Rate of 14.67 for this Borough compares with 15.3 for England and Wales.

STILLBIRTHS

The number of still births during 1952 was 1.

ILLEGITIMATE BIRTHS

There were 2 illegitimate births assigned to the Borough during the year, both males, compared with 5 in 1951. Shown as a proportion of the total number of live births this represents 3.3 per cent.

MATERNAL MORTALITY

No cases of death during pregnancy has been recorded. Indeed, no cases of deaths of this type have been recorded in the Borough during the last 5 years.

INFANT MORTALITY

The number of infants who died before reaching their first birthday was NIL, a figure upon which it is impossible to improve!

MORTALITY TABLE

Classified in accordance with 36 headings based on the abbreviated list of the International Statistical Classifications of Diseases, Injuries and Causes of Death 1948

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Malignant neoplasm, stomach	1	-	1
10. Malignant neoplasm, lung, bronchus	1	1	2
11. Malignant neoplasm, breast	-	1	1
12. Malignant neoplasm, uterus	-	1	1
13. Other Malignant and Lymphatic neoplasms	4	2	6
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	3	7	10
18. Coronary disease, angina	3	2	5
19. Hypertension with heart disease	4	2	6
20. Other heart diseases	7	5	12
21. Other circulatory disease	1	2	3
22. Influenza	-	-	-
23. Pneumonia	-	-	-
24. Bronchitis	-	-	-
25. Other diseases of respiratory system	1	1	2
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	1	1
28. Nephritis and nephrosis	1	1	2
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	6	6	12
33. Motor vehicle accidents	1	-	1
34. All other accidents	-	1	1
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
	<u>34</u>	<u>33</u>	<u>67</u>

SECTION "B"

General Provisions of Health Services in Launceston Borough

GENERAL MEDICAL SERVICES

1. General Practitioners - The bulk of the population is provided with general medical services under Part 4 of the National Health Service Act, 1946 by the General Practitioners resident in the Borough.

Doctors Galbraith, Healey and Hart, the Surgery, Launceston.
Doctor D. M. O'Connor, Castle Hill, Launceston.

Some Borough patients are cared for by doctors resident in adjoining districts.

2. Dental Practitioners - The following are resident in the district:

Messrs. Hicks and Ridler, Church Stile, Launceston.
Mr. W. G. Mitchell, Broad Street, Launceston.

Adequate provisions are made in the town for pharmaceutical services.

MIDWIFERY AND HOME NURSING

Midwifery Services in the district are provided by:

- (i) the family doctor - ante and post-natal care and home confinements;
- (ii) the County Council - district midwives;
- (iii) the Regional Hospital Board - hospitals for delivery and treatment.

The County Council provides nurse midwives who attend general nursing and midwifery cases in the home.

The Regional Hospital Board provides staff for an Ante-natal clinic held at the Castle Green for mothers who may be admitted to hospital on medical grounds for their confinement.

In 1952 Old Tree Maternity Home was opened and it is available for those mothers whose homes are considered unsuitable for domicillary confinement. Trebarras Nursing Home, Liskeard, is also still available for this purpose.

HEALTH VISITING

The County Council continues to provide a Health Visiting Service. The Health Visitor is specially trained in the care of the mother and young child. She is available to give advice on health matters in the home or at the Clinic. She also acts as school nurse.

HOME HELP SERVICE

The Home Help Service is provided by the County Council and the Home Help Organiser, Mrs. Gibson, is to be complimented on a valuable and efficient service.

AMBULANCE SERVICE

The County Council is responsible for the Ambulance service, the day to day administration of which is carried out from the Health Area Office. A whole-time paid Service is provided during week days and this is supplemented by part-time personnel of the voluntary Organisations at night time and during week-ends.

HOSPITAL CAR SERVICE

"Utilecon" sitting case Ambulances are used for conveying the majority of sitting cases and when it is appropriate some such cases are carried by Hospital Car Service.

SCHOOL HEALTH

The County Council provides an extensive school health service. Your Medical Officer of Health in his capacity of Assistant School Medical Officer carries out routine and special examinations of the children and schools, and immunisation.

INFANT WELFARE CENTRE

A fortnightly Infant Welfare Clinic is held at the Castle Green, Launceston. Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

DENTAL CLINIC

In June, 1952, a School Dentist was appointed to be based on Launceston and to work from the County Council Dental Clinic in the Castle Green. This should, in time, overcome the results of the lack of a Dental Service for school children which was mentioned in my Report for 1951.

SPEECH THERAPY CLINIC

In the past, a Speech Therapy Clinic for school and pre-school children, has been provided by the Cornwall County Council at the Health Area Office, but during the year under review, no sessions have been held because of difficulty in securing the appointment of a Speech Therapist. It is hoped that in the near future an appointment will be made, and thus this valuable work will be resumed.

OPHTHALMIC CLINIC

The Regional Hospital Board Eye Specialist holds an Eye Clinic for school children and children under school age at the Health Area Office. This Clinic is arranged as and when a suitable number of children become available.

ORTHOPAEDIC CLINIC

Also provided by the Regional Hospital Board at the Castle Green, is an Orthopaedic Clinic held weekly.

OUT-PATIENTS' CLINICS

The Regional Hospital Board provides Out-Patients Clinics at the Launceston Hospital for Medical, Surgical, Gynaecological, Skin, Ear, Nose and Throat and Tuberculosis patients. A physiotherapy Clinic is available at the Tavistock and Holsworthy Hospitals. A psychiatric Clinic is held at the South Devon and East Cornwall Hospital, as is also a Veneral Diseases Clinic.

CHRONIC SICK

Accommodation is available for chronic sick cases at St. Mary's Hospital, Launceston and limited Part III accommodation is also provided for those cases who come under the care of the Welfare Authority (Cornwall County Council).

HOSPITALS

The Borough is served by Launceston Hospital and patients are admitted to the following hospitals in Plymouth - Prince of Wales, Mount Gold, South Devon & East Cornwall, Royal Albert (Devonport), Alexandra Maternity Home and the Royal Eye Infirmary. The Scott Isolation Hospital admits cases of Infectious Diseases from the Borough. Cases of Tuberculosis requiring sanatorium treatment are, as a rule, admitted to Didworthy Sanatorium.

MENTAL HEALTH

Patients from the Borough who require hospital care and/or treatment for mental illness are admitted either to St. Lawrence's Hospital, Bodmin, Lanwel House, Bodmin or Moorfields Hospital, Ivybridge.

After-care is a function of the Cornwall County Council

LABORATORY FACILITIES

The Public Health Laboratory, Dix's Field, Exeter is the easiest of access from this Borough and it renders valuable service towards the detection and prevention of spread of diseases in the Borough.

SECTION "C"

Sanitary Circumstances of the District

WATER SUPPLIES

The source of the Borough's water supply is at Bray Down on Bodmin Moor. There is a large catchment area which is not subject to pollution and very ample supplies are available. The water is acid in character and this causes a deposit in the trunk main which has to be scraped at regular intervals in order to maintain the supply at the service reservoir. The water is treated with Chloramine and Silicate of Soda as it enters the service reservoir.

The reservoir is in need of repair and suitable action is contemplated in the near future. Two samples (both satisfactory) were taken during the year under review.

SEWERAGE AND SEWAGE DISPOSAL

St. Leonards Sewage Works - This is an old sewage works which is quite incapable of dealing effectively with the present-day volume of sewage. The result is that the sewage is incompletely treated and pollution of the River Tamar results. The Council is alive to the need for action and a report recently submitted by their Consulting Engineer recommends that a new sewage works should be constructed on an adjacent site.

Scarne Sewage Works - This Works was constructed by Service Engineers during the war. It has now been taken over by the Council. It is hoped that these Works will be used to a greater extent when further housing development takes place. Reports of the effluent are satisfactory.

Repairs have been carried out to several parts of the sewer. All new drainage is tested by water or smoke.

SWIMMING POOL

The Council has a pleasant and satisfactory fresh water swimming pool in the Coronation Park.

DISINFECTION

Concurrent and terminal disinfection by means of gaseous and liquid disinfectants is carried out in homes where certain infectious diseases are notified.

DISINFESTATION

Disinfestation of premises is carried out when required. No cases of infestation by bed bugs received treatment during the year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

	<u>Council</u>	<u>Type of Property</u> <u>Dwell</u>	<u>Agric-</u> <u>ultural</u>	<u>Business</u>	<u>Total</u>
Total No. of properties in Borough	10	1505	10	262	1787
Inspection on complaint	-	61	-	17	78
Routine Inspections	10	492	-	169	671
No. of properties found to be infested by rats:					
Major	-	-	-	-	-
Minor	5	10	-	10	25
No. of properties found to be infested with mice	-	35	-	6	41
Total no. of infested properties	5	45	-	16	66

3 Block Control Schemes were carried out. No Notices were served.

Poisons used : Arsenic - 15 oz.
 Red Squill - 9 $\frac{1}{2}$ oz.
 Zinc Phosphide - 8 $\frac{1}{2}$ oz.
 Warfarin - 3 lbs. 5 ozs.

Total number of complaints received -- 78.

RODENT CONTROL

All complaints were investigated by the Rodent Operator and routine inspections were carried out of all likely sites of infestation. The new poison, Warfarin, was used, with success.

PUBLIC CLEANSING

Bi-weekly collections are made of household refuse and weekly collections of salvage and trade refuse. The side-loading principle is employed, together with the use of a trailer for salvage.

57 tons, 6 cwts. 3 qrs. of waste paper were sent to the Mills during the year.

The refuse tip at the quarry is the cause of some concern, as the angle of repose of the tipped refuse is such that continued tipping at the same face may become dangerous. The possibility of dispersing the banked-up refuse by means of small explosive charges was investigated and the idea discarded as being impracticable. A road is to be cut to a fresh tipping face at the quarry.

NATIONAL ASSISTANCE ACT, 1948

No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health. The Medical Officer of Health was authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951.

The type of case involved in such action comprises persons suffering from grave chronic diseases or, being aged, infirm or physically incapacitated, are living in insanitary conditions and unable to devote themselves or obtain proper care and attention.

As a result of the decision of the Council it should be possible in future to expedite the removal of any such case to a place of safety.

SECTION "D"

HOUSING

During the year under review, as the Council had completed nearly 100 houses since 1945, full consideration was given to the question of slum clearance. There is a large number of houses in the Borough which are unfit for human habitation and it is essential that an early start should be made to clear those houses which cannot be made fit and to rehouse their occupants. Concurrently, it is hoped that steps can be taken to secure the improvement of property which can be made fit.

The Area of the Borough which contains the majority of this property lends itself to treatment as a fairly large re-development area in the centre of the old town. A special Committee of the Council has been set up to consider this proposal and if the suggested action is taken there will then remain in the town only a relatively small number of other insanitary property which can be dealt with either as small clearance areas or as individual unfit houses.

It does seem essential that if a Slum Clearance programme of any size is contemplated that it should be fully planned well in advance so that on the one hand houses are at once available for those families who are displaced and on the other hand the empty unfit properties are not available for occupation by people from inside or outside the District who are often ready and indeed eager to occupy such houses in the hope that the Council, taking note of their desperate plight, may rehouse them at an early date. I suggest that this "timing" is only possible if one committee is responsible for both aspects of the housing problem and also for development of the sites.

HOUSING STATISTICS

A. Houses completed during 1952	40
B. Houses under construction on 31st December, 1952	11
C. Total number of post-war houses completed since 1945.	
Permanent	91
Temporary	40
D. Number of applicants on Council's Housing List	103

HOUSES BUILT BY PRIVATE ENTERPRISE

A. Houses completed during 1952	9
B. Houses under construction on 31st December, 1952	6
C. Total number of post-war houses completed	28

INSPECTIONS OF DWELLING HOUSES DURING THE YEAR

1. (a) No. of dwelling houses inspected for defects under Public Health or Housing Acts	118
(b) No. inspections for the purpose	154
2. (a) No. of dwellings inspected and recorded under Housing Consolidated Regs. 1925/32	93
(b) No. inspections for the purpose	119
3. No. of dwellings found to be in a state dangerous or injurious to health as to be unfit for habitation.	53
4. Dwellings (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation.	34

DEFECTS REMEDIED WITHOUT THE SERVICE OF FORMAL NOTICES

1. Housing Acts	2
2. Public Health Act	1

ACTION UNDER STATUTORY POWERS

1. Proceedings under Sections 9, 10 and 16 Housing Act	Nil
(a) Notices served requiring repairs	Nil
(b) Dwellings rendered fit following service of Notice	Nil
2. Proceedings under Public Health Act	Nil
(a) Notices served requiring defects to be remedied	Nil
(b) Dwellings in which defects were remedied following service of Formal Notice	Nil
3. Proceedings under Sections 11 & 13 of Housing Act	Nil

4. Proceedings under Section 12, Housing Act, 1936	
(a) Separate tenements in respect of which Closing Orders were made.	1
(b) Separate tenements in respect of which Closing Orders were determined	1
5. Proceedings under Sections 25 & 26 Housing Act	Nil

NUISANCES AND DEFECTS REMEDIED DURING THE YEAR

Statutory Notices Served:

Public Health Act, 1936, Section 79	1
Housing Act, 1936, Section 12	1

INFORMAL NOTICES SERVED

Accumulation of rubbish	1
Overflowing cesspool	4
Section 13, Food & Drugs Act	18
General Defects	3
Smoke Nuisance	1
Defective Drainage	6
Obstructed Drainage	11
Defective Sanitary Accommodation	1
Inadequate Sanitary Accommodation	1
Total number of complaints received	38
Total number of visits paid	1462

SECTION "E"

Inspection and Supervision of Food

MILK

As a result of the transfer in 1949 of the control of milk production on the farm to the Ministry of Agriculture and Fisheries and the placing of the licensing and supervision of pasteurising plants in the hands of the County Council, the District Council retains only the duty of controlling the distribution and sale of milk.

Supplies and Control - During the year, one Dairyman transferred from distributing raw, ungraded milk to Pasteurised milk. Pasteurisation is carried out at a large dairy at Saltash. Another distributing business has changed hands.

There are 2 Registered Dairies and 5 Registered Distributors of milk in the Borough.

34 milk samples were taken for bacteriological analysis:-

	<u>Pasteurised</u>	<u>T.T.</u>	<u>Accredited</u>	<u>Ungraded</u>
No. of samples taken	9	7	10	8
No. failed test	Nil	2	5	Nil

ICE CREAM

There is one producer and 16 retailers in the Borough.

18 samples were taken during the year for bacteriological analysis:

12 were in Grade One (satisfactory)
2 were in Grade Two (fair)
2 were in Grade Three (unsatisfactory)
1 was in Grade Four (very bad)
1 was spilt in transit.

ROUTINE INSPECTIONS OF FOOD PREMISES

	<u>No. in Area</u>	<u>Visits</u>	<u>Defects Found</u>	<u>Defects remedied</u>
Bakehouses	4	12	2	2
Butchers	11	32	8	6
Cafes	13	29	3	2
Dairies	2	28	1	1
Egg Packing Station	2	7	1	1

	<u>No. in Area</u>	<u>Visits</u>	<u>Defects Found</u>	<u>Defects Remedied</u>
Fishmongers				
(a) Wet	2	6	-	-
(b) Fried	3	7	-	-
Grocers	20	19	2	1
Ice Cream				
(a) Manufacturers	1	16	-	-
(b) Retailers	16	19	-	-
Pork Butchers	2	9	1	1
Poulterers	2	2	1	-

UN SOUND FOOD

62 visits were made in order to condemn canned and other foodstuffs.

2 tins of Pork Luncheon Meat were sent to Exeter for analysis by the Public Analyst, and found to be sound.

FOOD AND DRUGS ACT, 1938 - Section 15.

After consideration of the Model Byelaws issued by the Ministry of Food, the Council decided to make such Byelaws as to the handling, wrapping and delivery of food and sale of food in the open air. These Byelaws having been approved by the Minister of Food are now in operation.

MEAT INSPECTION

Launceston Slaughterhouse. During the year the following improvements were carried out by the Ministry of Works at the Slaughterhouse which is now, apart from its rather unfortunate siting, an efficient slaughterhouse:

1. The enlargement of the cooling hall at the expense of the slaughtering hall.
2. The provision of a cattle stunning and casting pen.
3. New beef rails and runners in place of the fixed hooks formerly employed.
4. The provision of an electric winch.
5. The provision of an electric saw
6. The provision of facilities to enable a boiling test to be carried out on meat.
7. Improved artificial lighting.

These improvements have made the work of the slaughterman and the meat inspector easier. One objectionable feature remains, in that the blood-pit is sited in the middle of the slaughtering hall. The fact that the yard outside the slaughterhouse is also a thoroughfare to other industrial premises, complicates the choice of an alternative site.

9 slaughterman's licences were issued in the year.

The following animals were slaughtered at the Launceston Slaughterhouse:

	<u>No. killed</u>	<u>No. Condemned</u>	
		<u>Tuberculosis.</u>	<u>All Causes</u>
Cattle	1722	30 (1.7%)	48 (2.8%)
Calves	2229	13 (0.6%)	82 (3.7%)
Sheep	5532	-	193 (3.5%)
Pigs	830	6 (0.7%)	22 (2.6%)

Causes of Condemnation of Entire Carcasses.

<u>Disease</u>	<u>Cows</u>	<u>Cattle</u>	<u>Calves</u>	<u>Sheep</u>	<u>Pigs</u>
Tuberculosis	21	9	13	-	6
Oedema	4	3	-	64	1
Septicaemia	3	3	25	110	6
Septic Metritis	1	-	-	-	-
Pyæmia	-	-	15	1	1
Uraemia	-	-	-	3	2
Immaturity	-	-	25	2	-
Acute Enteritis	-	-	-	-	2
Moribund	-	-	2	6	3
Multiple Injuries	-	1	1	1	-
Acute Internal Haemorrhage	-	1	-	-	-
Acute Peritonitis	1	1	1	6	1

18 cases of *Cysticercus Bovis* were found.

34,662 lbs. of meat and offal were condemned.

Localised Tuberculosis, Parasites, Actinomycosis, Injuries.

DISEASES OF ANIMALS ACTS

One case of Anthrax was confirmed in a dead pig at the Pig Market.

SECTION "F"

Prevalence of, and Control over, Infectious and other Diseases.

SMALLPOX

No case was reported during the year under review. It must, however, be remembered that an increasing number of persons who are incubating Smallpox arrive in this country and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or part-vaccinated person is a very real and alarming one and the vaccination figures for the Borough for 1952 (set out below) give no cause for complacency:

Vaccinated	- 25
Re-vaccinated	- 4

Maximum publicity must be given to the advisability of parents having their babies vaccinated at about the age of 4 months, when primary vaccination carries the least risk of complications.

DIPHTHERIA

No cases were recorded during the year. The number of children Immunised during 1952 was:

Primary Immunisation	- 54
Boosters	- 87

Immunisation is carried out at the Infant Welfare Centre, Castle Green, and also when required at School Medical Inspections. Application for immunisation can be made to the Cornwall County Health Visitor, or arrangements can be made with General Practitioners under the National Health Service Act, 1946. It should be pointed out that although as a result of Immunisation very few cases of Diphtheria now occur, the disease itself is by no means a thing of the past. Carriers of the disease are frequently found and when they pass their infection on to un-protected children it usually takes a very severe form. Every effort must be made to persuade the parents of all children, especially babies, to have them protected by Immunisation as it is the level of immunity in the population as well which keeps the disease at bay.

MEASLES AND WHOOPING COUGH

Here again it is the level of immunity in the population that matters and the table below shows the notifications of Measles and whooping cough during the past 5 years:

	<u>Measles</u>	<u>Whooping Cough</u>
1948	1	20
1949	4	33
1950	-	13
1951	107	17
1952	1	-

An effective Whooping Cough vaccine is now available and can be administered in combination with Diphtheria Prophylactic. It is very well worth while to have babies protected from Whooping Cough, a disease which while it seldom kills, frequently leaves chronic chest conditions which persist through life. This protection is afforded under the same arrangements as those described above for Diphtheria.

ACUTE POLIOMYELITIS

No case was notified and the experience of the District over the last five years with regard to this infection has been very fortunate.

FOOD POISONING

No cases notified.

TUBERCULOSIS

	Males		Females	
	<u>Pul.</u>	<u>Non Pul.</u>	<u>Pul.</u>	<u>Non Pul.</u>
Cases on Register 31.12.51	9	3	6	5
No. of cases notified during the year	6	2	2	2
Cases restored	-	-	-	-
Inward transfers	-	-	-	-
Cases removed	-	-	-	-
Cases on Register 31.12.52	15	5	8	5

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr. Mellor) at the Chest Clinic at Launceston Hospital. The County Council Tuberculosis Health Visitor attends the Clinic, follows up the patients in their homes, traces contacts and sources of infection and thus acting as a most valuable and essential "liaison officer" between the curative and preventive services, bridges a most alarming gap. It may be of interest to note that at the end of 1952 all susceptible contacts of known cases in the Borough had been offered B.C.G. Vaccination. By the end of 1952 65 persons had received this protection in Area No. 6.

SECTION "G"

Prescribed Particulars on the Administration
of the Factories Act, 1937 for the year 1952

FACTORIES ACTS, 1937 and 1948

	<u>Number</u>	<u>Inspections</u>	<u>Notices</u>
Factories without power	16	2	1
Factories with power	65	29	2
	81	31	2

DEFECTS FOUND AND REMEDIED

Want of cleanliness (S.1.)	1
Inadequate ventilation (S.4)	2
No separate sanitary accommodation for sexes (S.7c)	1
	<u>4</u>

Classified List of Registered Factories as at 31st December, 1952

<u>Nature of Business</u>	<u>Power</u>	<u>Non-power</u>
Abattoir	1	
Aerated Waters	1	
Agricultural Implement Repairs	4	
Boot Repairs	3	
Brush Manufacture	1	
Cinema	1	
Clock Repairs	3	
Coach Building	1	
Coach Painting	1	
Concrete Block Manufacture	1	
Dress Making		2
Egg Packing	2	
Electrical Repairs	3	1
Food Manufacture	8	1
Gas Works	1	
Joinery	5	3
Laundry	2	
Manure and Bone Crushing	1	
Monumental Mason		1
Motor Repairs	14	1
Photography	1	
Plumber		1
Printer	2	

	<u>Power</u>	<u>Non-Power</u>
Provender	3	1
Radio Repairs	1	
Rope Splicing		1
Saddler		2
Saw Mill	1	
Seed Dressing	2	
Tailor		2
Tannery	1	
Wood Grading	1	
Total	<u>65</u>	<u>16</u>

TUBERCULOSIS

Age and Sex Distribution of cases and
Deaths - 1952

TABLE I

<u>AGE GROUPS</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulmonary</u>		<u>Other</u>		<u>Pulmonary</u>		<u>Other</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 -	-	-	1	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	1	-	-	-	-	-	-	-
15 -	2	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	1	-	1	-	-	-	-
35 -	1	-	-	-	-	-	-	-
45 -	1	-	-	-	-	-	-	-
55 -	1	1	-	1	-	-	-	-
65 - and over	-	-	1	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

VITAL STATISTICS

Summary for Previous Years

TABLE II

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
				Under 1 year		All ages	
		No.	Crude Rate	No.	Infant Mortality Rate	No.	Crude Death Rate
1948	4515	67	14.83	1	14.92	68	15.06
1949	4635	59	12.72	1	16.95	70	16.03
1950	4624	62	13.408	NIL	NIL	68	14.70
1951	4516	36	7.97	1	27.77	70	15.50
1952	4537	60	13.22	NIL	NIL	67	14.76

TABLE III

Monthly Incidence of Notifiable Diseases (Other than Tuberculosis)

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Scarlet Fever	-	-	-	-	-	-	1	-	-	-	-	-	1
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1	-	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	-	1	-	-	-	1	2	-	-	-	-	-	4
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis (paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis (non-paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
	1	1	-	-	-	1	2	1	-	-	-	-	6

TABLE IV

Notifications of Infectious Disease in Cornwall
 ----- County Council, Area 6, during 1952 -----

	Whooping Cough		Measles		Scarlet Fever		Pneumonia		Erysipelas	Food Poisoning		Dysentery		Meningococcal Infection	Poliomyelitis (paralytic)		Puerperal Pyrexia	Paratyphoid Fever
	F	M	F	M	F	M	F	M	F	F	M	M	F	M	F	M	F	M
Launceston Borough	-	-	-	1	-	1	3	1	-	-	-	-	-	-	-	-	-	-
Launceston Rural District	-	1	1	-	-	1	-	-	1	-	-	-	-	1	-	-	-	-
Bude/Stratton Urban District	3	2	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	1
Stratton Rural District	7	7	-	1	-	1	-	1	-	-	-	-	-	-	1	1	-	-
Camelford Rural District	20	25	4	4	1	-	6	1	-	3	2	1	1	-	-	-	1	-
	30	35	5	6	1	3	9	4	1	3	3	1	1	1	1	1	2	1

